Permission Slip

Youth Ministry of Chamblee First UMC
Event: River of Life Mission Trip
Price: $175
Depart: July 5 @ 2pm Return: July 9 @ 2:30pm

I give permission for _____to go on the above stated trip with the
        Youth Ministry of Chamblee First UMC. I understand that the trip will be away from the
        campus of the church for the above stated time. The participant may ride on the rental
        church van, the rental bus, or with ADULT members of the church to and from the event.

Initial Below

_____**1.** I hereby authorize a representative of Chamblee First United Methodist Church
        (CFUMC) to give consent for any and all medical care for my child while said child is in
        CFUMC custody. I further agree to be responsible for the expenses of any such medical
        care or treatment, including transportation expenses, and to hold harmless and release
        CFUMC, its pastors, employees, agents, and volunteers from any and all liability for any
        injury, loss, or damage to personal property that might be suffered by said child as a
        result of such medical treatment or care or as a result of any reasonable palliative
        measures that such pastors, employees, agents or volunteers might take to said child's
        attendance by trained medical personnel.
_____**2.** I further grant permission to CFUMC, its pastors, employees, agents or volunteers to
        take and use the child's first name, picture or photograph in all forms and manner for
        display, publication, advertising, promotion and any other lawful purpose.
_____**3.** The undersigned further releases and holds harmless and forever discharges CFUMC, its
        pastors, employees, agents or volunteers from any and all past and future claims,
        damages, liability or cost arising out of or related to the aforementioned medical care and
        picture uses.
_____**4.** If the child is a minor, the undersigned representative warrants that the undersigned is
        the parent or legal guardian of the child and has legal authority to execute this agreement.

Home:_____ Cell:_____

Email:_____

Parent's Signature _____ **Date**_____
Signature of parent/guardian for permission, liability, medical, and photo release.